				Substitute	for For	ETERMIN m PTO-875	ATIO	N REC	ORD		11 011108	App	plays a valid	OMB	control nu lumber
	APF	LICAT	ION A	S FILED	- PAF								760	3 4	215
FOR		(Column 1) NUMBER FILED			T	(Column 2)		SMALL ENTITY			<b>′</b>	OR	O' SM	OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		<del> </del>	HOMOERFILE		<u></u>	UMBER EXTRA	4	RAT	RATE (\$)		(\$)		RATE (\$)		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))					-								·VAIL	<u></u>	FEE (
EXAMINATIO (37 CFR 1.16(o)	)N FEE						$\dashv$								
TOTAL CLAIN (37 CFR 1.16(i	AS			iaaa				<u> </u>							
INDEPENDEN (37 CFR 1.16(h	IT CLAIMS	minus 20 = minus 3 =			<u> </u>		4	×	=			OR	x	-	
APPLICATION SIZE' FEE (37 CFR 1.16(s))		If the specification and de-			drawing	wings exceed 100		×	=				x	-	
		sheets of paper, the application size fee du is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Se 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			n size fee due for each	,			_	$\Box$			1		
MULTIPLE DEF	PENDENT C			อกเกษาล	חת אור	CFR 1.16(s).	$\dashv$		1					-	
· If the differenc	e in column	l is less t	han zor	0.001001	0())		] [		_			ſ			
			is less than zero, enter "0" in column 2. DN AS AMENDED — PART II					TOTAL	· L				TOTAL	$\top$	
			AIVIEI	ADED ~ I	PART	11								<b>-</b>	
18/201	CL	mn 1) AIMS	Т-		umn 2) HEST	· (Column 3)		SMA	LL EN	TITY	(	OR	ОТНЕ	R TI	HAN
₹ 8/29/0	T AF	AINING TER	1	NUN	1BER OUSLY	PRESENT EXTRA	П	RATE (\$)	$\overline{}$	ADDI-	7	Γ	SMAL	LEN	TITY
Total (37 CFR 1.16(4))		DMENT	Minus	PAID	FOR	=	1			TIONAL FEE (\$)			RATE (\$)		ADDI- TIONAL
Total S (37 CFR 1.16(i)) Independent (37 CFR 1.16(h))	1.4		Minus	1:3	9_	<del> </del>	H	25			]_0	X	-20 -	+-	FEE (\$)
Application S						<del>   </del>  ×	100			OF	X	200			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						-		+-		7					
							<u> </u>	DTAL	┼-		OR				
(Column 1) (Column 2) (Column 3)							D'L FEE	L_		OR	TC AD	TAL D'L FEE			
	REMAIN AFTE	IING R		HIGHE NUMBI PREVIOL	ST T	(Column 3)	F	ATE (\$)		DDI.	1	_			
Total (37 CFR 1,16(1))	AMENDA		Minus	PAID FO	OR	EXTRA			TIC	DNAL E (\$)		R	ATE (\$)		DDI- ONAL
Independent (37 CFR 1.16(h))	-	- 1	Minus				x	=			OR	×			E (\$)
Application Size Fee (37 CFR 1.16(s))							x	=			OR	×			
FIRST PRESENT.	ATION OF MU	LTIPLE DE	EPENDEI	VT CLAIM (	37 CFR :	1.16(0)	-				OI.	Ê			
											OR				
If the entry in co If the "Highest N If the "Highest No	lumn 1 is les	s than th	e entry i	0 column 2	1411020 - 7-	<b>.</b>	ADD				OR	TOTA	AL L FEE		
II the "Highest N I the "Highest No I the "Highest Nor The "Highest Nor	umber Previo	ously Pai Ously Paid	d For II	THIS SPA	CE is le	ss than 20, ent	er .50.						L		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments of the you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS